

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030517

1. Entity Name
CHALL, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90026 009 ***150.00

Principal Place of Business
1960 US ONE SOUTH STE 199
ST AUGUSTINE FL 32086

Mailing Address
2752 W. HANNON HILL DR.
TALLAHASSEE FL 32308-8917

00018042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2752 W. Hannon Hill Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32308

City & State
Zip

Country

4. FEI Number **59-3406214**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIRINO, MICHAEL
13712 SHIPWATCH DR
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City

Zip Code **FL**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIRINO, MICHAEL	
STREET ADDRESS	13712 SHIPWATCH DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LESTER, JOHN A	
STREET ADDRESS	1609 BAY HAWK LANE	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTENSTEIN, ALAN	
STREET ADDRESS	3758 CRICKET COVE RD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, COY	
STREET ADDRESS	RT 3 BOX 182	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Lester
John A. Lester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00
Date

850-894-2116
Daytime Phone #